Health Insurance Benchmarks
Final Draft

Enrolled Medicaid providers will be eligible to receive additional funding for health insurance if they provide a health insurance plan that meets the following benchmarks. The Medicaid agency may offer either a traditional or HMO plan. The plan must include coverage for prescription drugs. Dental coverage is optional.

Description	Benchmarks for traditional plan	Benchmarks for HMO
Lifetime Max Benefit	$2,000,000	Same as traditional
Deductible Maximum	$1,000 individual $3,000 family	Same as traditional
Coinsurance **Co-Pay**	Plan plays 70% Member pays 30% n/a	Plan pays 70% Member pays 30% $20/visit (must include preferred provider office visits, preventive services, outpatient mental health services, chiropractic and chemical dependency services)
Out-of-network coinsurance rate (applies to PPO plans)	No greater than 25% of the in and out-of-network difference	N/A
Out of pocket	$2,500 individual $5,000 family	Same as traditional
Deductible waived for following services	Preventive health services and first two office visits	N/A
Preventive care	Deductible waived and coinsurance applies ($250 max)	Same as traditional
Enrollment	Premium paid in prior month for effective date on first of the following month	Same as traditional
Benefit Service List ***Plans must include coverage for the following:***	Transplants (min $500,000) DME/Medical Supplies (min $500 per year) Chiropractic Services (min 10 visits per year)	Same as traditional
Licensure/Statues	Licensed in Montana (if applicable) -or- Meet Montana and federal legal requirements	Same as traditional
Individual Premium	No greater than $25/month	Same as traditional
Eligibility	The first day of the month after ninety days or less consecutive employment with employer	Same as traditional

Prescription Drug Plan

Category	Benchmark Level
Deductible	$200/ per member per year
Coverage	Coverage for all three kinds (generic, formulary, brand name)

Dental Plan- Optional if employer funding allows

Category	Benchmark Level
Deductible	$50/member $150/family
Minimum Maximum benefit	$1000 per member/ year
Coverage	Preventive and diagnostic 100% Fillings/oral surgery 80% Dentures, bridges, etc 50%

125 Premium Cafeteria Plan- Optional and highly encouraged

Exceptions:
The Department will consider high deductible insurance plans under the following conditions:

1. Health Savings Account (HSA)
   If a Medicaid provider selects the option of a higher deductible insurance plan and opts to provide a Health Insurance Account the employer must make contributions to the account to ensure that there is money available in the account for the employee to cover prescription drugs and office visits. The Department will review these proposals prior to approval.

2. Health Reimbursement Arrangements (HRA)
   If a Medicaid provider selects the option of a high deductible insurance plan they may use an HRA to fund health insurance that brings worker insurance coverage to the benchmark standards outlined above. The Department will review these proposals prior to approval.